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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/616,275 07/14/2000 PAT 6,626,900
 which is a CIP of 09/602,420 06/23/2000 PAT 6,572,609
 which is a CIP of 09/357,355 07/14/1999 PAT 6,423,055

OK

**** FOREIGN APPLICATIONS *******

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 4	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

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TITLE
 Intraluminal contact sensor

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of
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